

**CONSUMER PROTECTION AND ANTITRUST BUREAU  
33 CAPITOL STREET  
CONCORD, NH 03301-6397  
(603) 271-3641**

**HEALTH CLUB REGISTRATION STATEMENT**

**Effective July 1, 2002, a \$100 Registration Fee is required by law. This fee must accompany your Registration Statement. Failure to include the registration fee and/or all requested attachments will result in the rejection of your Registration Statement.**

**Please refer to Pages 2 and 3 for important instructions on completing this Registration Statement.**

**FOR BUREAU USE ONLY:**

Date Received: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Registration No.: \_\_\_\_\_

Office of the Attorney General  
Consumer Protection and Antitrust Bureau  
33 Capitol Street  
Concord, NH 03301  
(603) 271-3641

Last update: 10/05  
91781

**HEALTH CLUB REGISTRATION STATEMENT****INSTRUCTIONS**

**PLEASE READ THESE INSTRUCTIONS THOROUGHLY BEFORE ATTEMPTING TO COMPLETE THE REGISTRATION STATEMENT. FOLLOW THE INSTRUCTIONS CAREFULLY. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR REGISTRATION.**

- ◆ **EFFECTIVE JULY 1, 2002, A \$100 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION (RSA 358-I:2, I).**
- ◆ All questions must be answered.
- ◆ Complete answers to all questions must be provided. Attach additional pages if necessary.
- ◆ If a question does not apply to your business enter "N/A".
- ◆ Attach a sample copy of your membership contract to this statement.

**PLEASE NOTE:** Automatic renewal clauses in health club contracts are illegal and will result in the rejection of your application. Also, under New Hampshire law month-to-month members **must** be allowed to terminate their health club membership with a 30 day written notice. You may not require that this notice be delivered by certified or registered mail. You may not refuse to accept a hand-delivered request to terminate a membership. Provisions contrary to these laws will result in the rejection of your application.

- ◆ A comprehensive list of all membership plans offered for sale and the respective price of each plan must be available to each prospective member. A copy of that list must be attached to this statement.
- ◆ A copy of this statement must be kept at your place of business for review by current and prospective members.
- ◆ This statement must be signed by a legal representative of the business and witnessed by either a Notary Public or Justice of the Peace.
- ◆ Making false statements and omitting material information is prohibited and may result in legal action.

- ◆ Any club filing more than 90 days after their registration due date is subject to a \$1000 administrative assessment.
- ◆ If more than one club is owned by the same entity, each club must be registered separately.
- ◆ If the business is closed or sold, you must send written notification to this office.

**ALL ATTACHMENTS NOTED ABOVE MUST ACCOMPANY THIS REGISTRATION STATEMENT.**

**I. COMPANY**

1. Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web site: \_\_\_\_\_

2. If a trade name, has it been registered with the Secretary of State? \_\_\_\_\_

3. Previous name of health club, if applicable: \_\_\_\_\_

Previous owner's name and address: \_\_\_\_\_

\_\_\_\_\_

Date you purchased the club: \_\_\_\_\_

4. If the company has more than one location in New Hampshire, list the name and address of the home or main office: \_\_\_\_\_

\_\_\_\_\_

5. Date club opened: \_\_\_\_\_

6. Is the club a partnership or sole proprietorship? If yes, identify owners of the club below:

<u>Name</u>	<u>Address</u>	<u>Ownership Interest</u>
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7. Is the club a corporation?

(a) If yes, identify the officers and directors of the club:

<u>Name</u>	<u>Address</u>	<u>Office</u>
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(b) Stockholders:

<u>Name</u>	<u>Address</u>	<u>Number of Shares</u>
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## 8. Parent corporation, if applicable:

a. Name of parent corporation: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## b. Officers and directors of parent corporation:

NameAddressOffice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## c. Stockholders:

NameAddressNumber of Shares

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is the club an LLC?

(a) If yes, identify the members of the club:

Name

Address


**II. FACILITIES**

1. Type of business (e.g., reducing salon, exercise club, health studio, self-defense or martial arts school, etc.):

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2. Approximate size in square feet: \_\_\_\_\_

3. List each service available to your members (e.g., weight training, aerobics, calisthenics, sauna, karate, judo, etc.) Please indicate whether listed services are limited to specific membership plans:

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4. List a description, the brand name, and quantity of each piece of equipment available to club patrons (e.g., 2 treadmills, etc.). (Please indicate if access to certain equipment is limited to specific membership plans).

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5. Are showers available? \_\_\_\_\_

Number: \_\_\_\_\_



### III. MEMBERSHIP

1. Please describe each of your programs or services available to your clients. Attach copies of any promotional materials that outline your programs.

Name/DescriptionNo. enrolled

Cost

[illegible]

2. Total active membership: \_\_\_\_\_

3. If a new club, the projected active membership on commencement of operations:

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4. If you are a new owner of an existing health club, state the policy, if any, as to accepting or crediting pre-existing memberships.

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**IV. REGISTRANT INFORMATION**

1. Have you ever operated or owned a health club, as defined by RSA 358-1, in New Hampshire other than the club described in Part 1? \_\_\_\_\_
2. If so, give the name and address of the club: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is the club still operating? \_\_\_\_\_
4. If the club is not operating, give the date the club closed and the reason for closing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REMEMBER:**

**MEMBERSHIP CONTRACT, LIST OF PLANS AND MEMBERSHIP FEES, AND \$100 REGISTRATION FEE MUST BE ATTACHED AND RETURNED WITH THIS REGISTRATION.**

**V. DISCLOSURE OF COMPLETED OR PENDING LITIGATION**

1. Please provide the following information regarding completed or pending litigation initiated against the health club within the **last three years**.

Name of case: \_\_\_\_\_

Court in which case was filed: \_\_\_\_\_

Date case was filed: \_\_\_\_\_

Name and address of complainant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of unsatisfied judgment, if any: \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**VI. MEMBERSHIP REFUND LIABILITY STATEMENT**

1. Total number of prepaid members:

2. Total amount collected in prepaid memberships:  
(See example on worksheet)3. Total amount earned:  
(See worksheet)

4. Subtract Line 3 from Line 2:

**LINE 4 IS YOUR TOTAL MEMBERSHIP REFUND LIABILITY.**

**IF THE AMOUNT OF LINE 4 IS GREATER THAN \$5,000, YOU MUST PROVIDE EVIDENCE OF BONDING IN THE AMOUNT OF \$50,000 OR THE EQUIVALENT IN ESCROW ACCOUNTS, CASH, MARKETABLE SECURITIES OR A LETTER OF CREDIT.**

**I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE,  
CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  
I ALSO CERTIFY THAT I SHALL NOTIFY THE OFFICE OF THE ATTORNEY  
GENERAL, CONSUMER PROTECTION AND ANTITRUST BUREAU IF ANY OF  
THE INFORMATION PROVIDED IN THIS STATEMENT CHANGES OR UPON  
THE CLOSING OF THE ESTABLISHMENT DESCRIBED IN THIS FORM.**

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Print Name of Affiant

State of New Hampshire

\_\_\_\_\_ County

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Justice of the Peace

My commission expires: \_\_\_\_\_

## **WORKSHEET – PREPAID MEMBERSHIP LIABILITY**

**\*\*\*NOTE:** The dollar amounts determined in this worksheet are for individual members. The amounts you enter on the Membership Refund Liability Statement are the dollar amounts for all members of your club.

### **TOTAL AMOUNT COLLECTED IN PREPAID MEMBERSHIPS**

**Example:** Consumer A joins club on May 2, 1995, and pays \$150 for 6 months. On November 3, 1995, Consumer A extends her membership for another year and pays the owner \$275. The Club Owner is filling out his Health Club Registration Statement on January 4, 1996. The TOTAL AMOUNT COLLECTED IN PREPAID MEMBERSHIPS for Consumer A would be \$275 because that is the amount she paid for her current membership.

### **TOTAL AMOUNT EARNED**

1. Total amount of prepaid membership:

2. Length of membership (in months):

3. Divide Line 1 by Line 2:

4. Number of months used:

5. Multiply Line 3 by Line 4:

**LINE 5 IS THE TOTAL AMOUNT EARNED PER MEMBER.**

This worksheet formula is for your use; do not return to the Bureau.